## DISABILITY RECORD AUTHORIZATION

Name and address of Civil Service Agency	d address of Civil Service Agency  CITY OF ROCHESTER  BUREAU OF HUMAN RESOURCE MANAGEMENT  30 CHURCH STREET, ROOM 103A  ROCHESTER, NEW YORK 14614-1280		
<ol> <li>TO BE COMPLETED BY VETERAN         Type or print in ink, and <u>send two copie</u> disability claim is on file.     </li> </ol>	s of this form to the	Department of	Veterans Affairs where your
To Chief, Veterans Benefits and Services Division		, N.Y.	
I hereby authorize you to furnish the below pertaining to my disability s request. It is understood that all info	tatus. You are rele	eased from all li	ability in complying with this
Print Full Name	V.A. Claim Numb	per	Service Number
Address	Number and Title	e of Examination	(s) for which credit is claimed
Social Security Number			
Veteran's Signature			
2. TO BE COMPLETED BY VETERANS BE Please return original to the Civil Service			on of form
Date Claim Number		egional V.A. Offic	
a. Does the above-named veteran now have a war-incurred disability? If Yes, please enter date disability was sustained. Date:			ease Yes No
Is this veteran receiving disability payments from the V.A. for such disability?			☐ Yes ☐ No
State percentage of such disability now in existence.			%
d. Date of last medical examination by the last than one year ago, do not answer	e and f.) Date:		
Does the V.A. state affirmatively that a permanent stabilized condition of disability e. exists to an extent of 10% or more, even though the veteran has not been examined by V.A. Medical Officer within one year?			
f. Date of next scheduled medical examina	tion by the V.A. Da	te:	
g. Remarks			
Signature of Adjudication Officer:			

## PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested in accordance with section 85 of the Civil Service Law for the principal purpose of establishing your status as a disabled veteran and processing your application for additional credit. This information will be used in accordance with section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in the disapproval of your application. The information will be maintained by the Municipal Civil Service Commission or Municipal Personnel Officer administering the examination. For further information relating to the Personal Privacy Protection Law, call (518) 457-9375. If you have a question regarding this information, you should contact the Municipal Civil Service Commission/Personnel Officer administering this examination.